Allied Health • Acupuncture

January 2007 • Bulletin 375

Contents

Medi-Cal Training Seminars

Medi-Cal Claim Form Changes May 23, 2007; Transition from Current Form Begins March 26

Effective May 23, 2007, the California Department of Health Services (CDHS) will complete a transition from the current *HCFA 1500* claim form to the new *CMS-1500* claim form. Beginning March 26, 2007, providers will have a two-month transition period in which they can use both the new and old form to submit claims. The transition period ends at the close of business on May 22, 2007. Beginning May 23, 2007, only the *CMS-1500* will be accepted for Medi-Cal billing.

All boxes mentioned below are only updates to the new form. Not all new and updated boxes must be filled in for proper billing and payment. New claim form billing instructions will be published in the appropriate Part 2 provider manual in May 2007.

Also, providers using the new forms must continue to use their Medi-Cal provider number until May 23, 2007.

Below are the changes from the current *HCFA 1500* to the new *CMS-1500* claim form.

Header and Box 1:
Old Form

New Form

At the top of the page: 1) the barcode has been removed, 2) the language "Please Do Not Staple In This Area" has been removed, and 3) a box with "1500" is added in black ink. In Box 1, "Tricare" was added above "Champus."

Claim Form *(continued)*

Box 17
Old Form

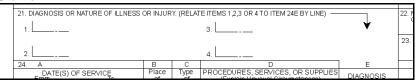| 14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. F
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN	18. F
19. RESERVED FOR LOCAL USE		20
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		22.

New Form

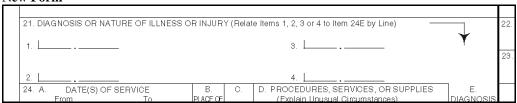| 14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18.
19. RESERVED FOR LOCAL USE		20.

The name of Box 17 was changed to "Name of Referring **Provider** or Other Source." Box 17A ("ID Number of Referring Physician") was removed. The *NPI* field (Box 17B) was added.

Box 21 (Diagnosis of Illness or Injury)
Old Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		22.
1. |___.__	3. |___.__	23.
2. |___.__	4. |___.__	
24. A DATE(S) OF SERVICE From To	B Place of	C Type of	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E DIAGNOSIS

New Form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22.
1. |_____._____	3. |_____._____	23.
2. |_____._____	4. |_____._____	
24. A. DATE(S) OF SERVICE From To	B. PLACE OF	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS

The spaces after the decimal point in items 1, 2, 3 and 4 were extended to accommodate future changes in diagnosis codes.

Claim Form *(continued)*

Boxes 24A – 24E
Old Form

24.	A. DATE(S) OF SERVICE						B. Place of Service	C. Type of Service	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS CODE
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER	
1											
2											

New Form

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER	
1											
2											

The lines are split length-wise, with shading added to the top portion of each line. The shaded area is used for the reporting of supplemental information. Information submitted in the shaded area <u>must</u> stay within the shaded area to process correctly. The name of Box 24C was changed to "EMG." This is the new location for emergency and delay reason codes.

Boxes 24I – 24K
Old Form

F.	G. DAYS OR UNITS	H. EPSDT Family Plan	I. EMG	J. COB	K. RESERVED FOR LOCAL USE
$ CHARGES					

New Form

IS R	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
				NPI	
				NPI	

The name of Box 24I was changed to "ID Qual." The name of Box 24J was changed to "Rendering Provider ID #" and the unshaded area was named "NPI." The rendering provider's National Provider Identifier (NPI) must be reported in the unshaded box. Also, Box 24K ("Reserved for Local Use") was removed.
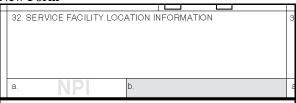
Claim Form *(continued)*

Box 32
Old Form

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)	33.
	PIN

New Form

32. SERVICE FACILITY LOCATION INFORMATION	3
a. NPI	b.	a

Box 32 was renamed "Service Facility Location Information." Boxes 32A and 32B were added at the bottom. Box 32A was added to accommodate reporting of the facility NPI. Box 32B was added to accommodate reporting of an "atypical" facility provider number.
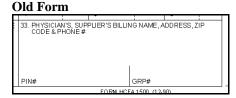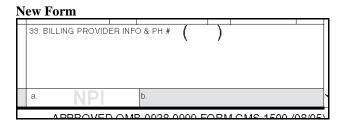
Note About Atypical Providers:
In accordance with the NPI final rule, some providers may not qualify for an NPI and therefore are not required to register an NPI with the Medi-Cal program. According to CDHS' interpretation of the final rule as it relates to atypical providers, the following Medi-Cal provider types below are <u>not</u> required to register an NPI:

- Adult Day Health Care (ADHC) Centers
- Blood Banks
- Christian Science Practitioner
- Multipurpose Senior Services Program (MSSP)

If any of the above provider types acquire an NPI, they may register it with the Medi-Cal program, but it is not required.

Box 33
Old Form

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
PIN#   GRP#

FORM HCFA 1500 (12-90)

New Form

33. BILLING PROVIDER INFO & PH #   (   )
a. NPI	b.

APPROVED OMB 0938-0999 FORM CMS-1500 (08/05)

Box 33 was renamed "Billing Provider Info & Phone Number." Boxes 33A and 33B were added at the bottom. Box 33A was added to accommodate reporting of the billing provider's NPI. Box 33B was added to accommodate reporting of an atypical provider number.

Acupuncture Bulletin 375

Remove and replace: *Contents for Acupuncture Billing and Policy* 1/2 *

Insert new section
after the *Other Health
Coverage* (OHC)
section: prov bil 1 thru 4 *

Insert after the new
*Provider Billing
after Beneficiary
Reimbursement
(Conlan v. Shewry)*
section above: *Request for Beneficiary Reimbursement Letter (Letter 08)* *

---

* Pages updated due to ongoing provider manual revisions.